

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S) <div style="text-align: right; font-family: cursive;">0974283</div>	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1			1			
2				1			
3		1		1			
4		1		1			
5		1		1			
6		1		1			
7		1		1			
8		1		(1)			
9		1		1			
10		1		1			
11		1		1			
12		1		1			
13		1		1			
14		1		1			
15		1		1			
16		1	1				
17		1		1			
18		1		1			
19		1		1			
20		1		1			
21		1	1				
22		1		1			
23		1		1			
24		1		1			
25		1		1			
26		1		1			
27		(1)		1			
28		1	1				
29		1		1			
30		1		1			
31		1		1			
32		1		1			
33		1	1				
34		1	1				
35		1		2			
36		1		1			
37		1		1			
38		1		2			
39		1		2			
40		1		2			
41	1			2			
42	1			2			
43		1		2			
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94		1		1			
95		1		1			
96		1		1			
97		1		1			
98		1		1			
99		1		1			
100		1		1			
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							
TOTAL IND.			48	3			
TOTAL DEP.			213	1			
TOTAL CLAIMS			228	20			